

**Companion Document For**  
**ANSI ASC X12N 837D 4010A1 (Health Care Claim - Dental) Submission To**  
**Alabama Medicaid**

The Health Insurance Portability and Accountability Act (HIPAA) requires that Alabama Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI ASC X12N 837D - Dental implementation guides have been established as the standards of compliance for Dental Health Care Claim transactions. The implementation guides for each transaction are available electronically at [www.wpc-edi.com](http://www.wpc-edi.com).

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 837D - Dental implementation guide. The table contains specific requirements to be used for processing data in the Alabama Medicaid Management Information System (AMMIS).

The use of this document is solely for the purpose of clarification. This document supplements, but does not contradict, any requirements in the ANSI ASC X12N 837D - Dental implementation guide.

***Note:** The information in this document is subject to change. Please refer to the version number and effective date located in the footer of this document for the latest information available. Changes within the document will be in red type. A copy of the most current version of this companion document can be obtained from the internet at <http://www.medicaid.state.al.us/HIPAA/index.htm>.*

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| ITEM # | LOOP  | SEGMENT NAME | LANGUAGE   |
|--------|-------|--------------|--|
| 1.     | ----- | -----        | It is recommended that the size of the transaction (ST-SE envelope) be no larger than 99,990 independent claims.   |
| 2.     | ----- | -----        | Alabama Medicaid will convert all lower case characters submitted on an inbound 837D file to upper case when sending data to the AMMIS.  |
| 3.     | ----- | -----        | You must submit incoming 837D data using the basic character set as defined in Appendix A of the 837D - Dental Implementation Guide. In addition to the basic character set, you may choose to submit lower case characters and the '@' symbol from the extended character set.  |
| 4.     | ----- | -----        | The incoming 837D transactions utilize delimiters from the following list: > (greater than), * (asterisk), ~ (tilde), : (colon),   (pipe), ! (exclamation point), and ^ (carat). Submitting delimiters not supported within this list may cause unpredictable results. Preferred delimiters are: ~ (tilde) for segment separators, * (asterisk) for data element separators, and : (colon) or > (greater than) for component data element separators. The usage of these characters within <u>text data elements</u> in the incoming 837D transaction may cause problems with creation of subsequent transactions. |
| 5.     | ----- | -----        | Only loops, segments, and data elements valid for the HIPAA 837D - Dental Implementation Guide will be translated. Submitting data that is not valid based on the Implementation Guide will cause files to be rejected.  |
| 6.     | ----- | -----        | All dates that are submitted on an incoming 837D transaction must be valid calendar dates in the appropriate format based on the respective qualifier and corresponding date format defined in the implementation guide. Failure to submit a valid calendar date will result in rejection of the claim or the applicable interchange (transmission).   |
| 7.     | ----- | -----        | Alabama Medicaid will process only one transaction type (records group) per interchange (transmission); a submitter must submit only one GS-GE (Functional Group) within an ISA-IEA (Interchange).   |

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| 8.     | ----- | -----                      | Alabama Medicaid will process only one transaction per functional group; a submitter must submit only one ST-SE (Transaction Set) within a GS-GE (Functional Group).   |
| 9.     | ----- | -----                      | We suggest retrieval of the ANSI 997 functional acknowledgment files on the first business day after the 837D file is submitted, but no later than five days after the file submission. A 997 (Functional Acknowledgment) will be returned to the sender once a transaction set is received and processed.   |
| 10.    | ----- | -----                      | File compression is supported for transmissions between the submitter and Alabama Medicaid. Any compression software that is compatible with PKZIP by PKWARE, Inc. is supported.   |
| 11.    | ----- | Interchange Control Header | Use 'ZZ' as the Interchange ID Qualifier associated with the Interchange Sender ID (ISA05).  |
| 12.    | ----- | Interchange Control Header | <ul style="list-style-type: none"> <li>• Use the Provider Submitter ID assigned by Alabama Medicaid followed by the appropriate number of spaces to meet the minimum/maximum data element requirement of 15 bytes as the Interchange Sender ID in ISA06.</li> <li>• For web submissions, the submitter id in the file must match with the user id that submits the file, otherwise the file will not be processed. There should be only one ISA/IEA envelope per batch file submission.</li> <li>• For multiple transactions (ISA/IEA envelopes), a 997 will be returned for each ISA/IEA envelope within the batch. If only one 997 is desired, then the files in the batch should contain one set of ISA/IEA, GS/GE and ST/SE envelope segments per file.</li> </ul> |
| 13.    | ----- | Interchange Control Header | Use 'ZZ' as the Interchange ID Qualifier associated with the Interchange Receiver ID (ISA07).  |
| 14.    | ----- | Interchange Control Header | Use '752548221' followed by 6 spaces (to meet the minimum/maximum data element requirement of 15 bytes) as the Interchange Receiver ID in ISA08.   |
| 15.    | ----- | Functional Group Header    | Use the Provider Submitter's ID assigned by Alabama Medicaid as the Application Sender's Code in GS02.   |

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| 16.    | -----  | Functional Group Header                         | Use '752548221' as the Application Receiver's Code in GS03.   |
| 17.    | -----  | Functional Group Header                         | GS08 should be populated with '004010X097A1' and all changes per the addenda be incorporated in the 837D transaction.   |
| 18.    | 2000A  | Billing / Pay-To Provider Specialty Information | When the rendering provider is the same as the billing and/or the pay-to provider, PRV02 should equal 'ZZ' and PRV03 should equal the billing/pay-to provider's taxonomy code.  |
| 19.    | 2010AA | Billing Provider Name                           | <ul style="list-style-type: none"> <li>The National Provider Id must be submitted.</li> <li>NM108 is equal to the value of 'XX' and NM109 is equal to the Billing Provider's National Provider Id.</li> </ul>                                   |
| 20.    | 2010AA | Billing Provider City/State/Zip Code            | The entire 9 digit postal zip code should be submitted, excluding punctuation marks such as the dash.   |
| 21.    | 2010AA | Billing Provider Secondary Identification       | <p>If NM108 is equal to 'XX', then REF01 should equal 'EI' or 'SY' followed by the EIN or SSN.</p> <p>EIN length must be 9 without a hyphen or 10 with a hyphen. EIN format: XXXXXXXXXX OR XX-XXXXXXX</p>                                       |
| 22.    | 2010BA | Subscriber Name                                 | The Identification Code Qualifier element (NM108) will be 'MI' (Member Identification Number) and the Recipient ID will be entered into the Identification Code element (NM109).  |
| 23.    | 2010BA | Subscriber Secondary Identification             | If the subscriber's SSN is provided within this segment, the Reference Identification Qualifier element (REF01) will be equal to 'SY' (Social Security Number) and the SSN should be entered into the Reference Identification element (REF02). |
| 24.    | 2010CA | Patient Name                                    | The Identification Code Qualifier element (NM108) will be 'MI' (Member Identification Number) and the Recipient ID will be entered into the Identification Code element (NM109).  |
| 25.    | 2010CA | Patient Secondary Identification                | If the Subscriber's SSN is provided within this segment, the Reference Identification Qualifier element (REF01) will be equal to 'SY' (Social Security Number) and the SSN should be entered into the Reference Identification element (REF02). |

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| 26.    | 2300  | Original Reference Number (ICN/DCN)         | If an adjustment needs to be made to a previously paid claim, REF01 will equal 'F8' and REF02 will equal the original Internal Control Number (ICN) that was assigned to the paid claim.  |
| 27.    | 2300  | Admission Date                              | If the Place of Service is 21 (Inpatient (CLM05-1)), then the Admission Date segment is required on the claim.  |
| 28.    | 2310A | Referring Provider                          | <ul style="list-style-type: none"> <li>The National Provider Id must be submitted.</li> <li>NM108 is equal to the value of 'XX' and NM109 is equal to the Billing Provider's National Provider Id.</li> </ul>                         |
| 29.    | 2310A | Referring Provider Specialty Information    | If known, PRV02 should equal 'ZZ' and PRV03 should equal the Referring Provider's taxonomy code.  |
| 30.    | 2310A | Referring Provider Secondary Identification | If known, REF01 should equal '1D' Medicaid Provider Number and REF02 equal the Referring Provider's ID.   |
| 31.    | 2310B | Rendering Provider                          | <ul style="list-style-type: none"> <li>The National Provider Id must be submitted.</li> <li>NM108 is equal to the value of 'XX' and NM109 is equal to the Billing Provider's National Provider Id.</li> </ul>                         |
| 32.    | 2310B | Rendering Provider Specialty Information    | When the rendering provider is different than the billing or pay-to provider, PRV02 should equal 'ZZ' and PRV03 should equal the rendering provider's taxonomy code.  |
| 33.    | 2310B | Rendering Provider Secondary Identification | If used, REF01 should equal '1D' Medicaid Provider Number and REF02 equal the Rendering Provider's ID.  |
| 34.    | 2320  | Other Subscriber Information                | Group Number for other insurance will be reported in SBR03.   |
| 35.    | 2330A | Other Subscriber Name                       | Policy Number for other insurance will be reported, the Identification Code Qualifier element (NM108) will be 'MI' (Member Identification Number) and the Policy Number will be entered into the Identification Code element (NM109). |
| 36.    | 2330A | Other Subscriber Name                       | If the Other Subscriber SSN is known, it will be reported in REF02.   |
| 37.    | 2400  | Line Counter                                | Make sure the Service Line LX segment begins with 1 (not 0) and is incremented by 1 for each additional service line of a claim (LX01). The LX functions as a line counter.   |

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| <b>38.</b>    | 2400        | Dental Service             | Only one oral cavity designation code should be submitted per service line detail.                               |
| <b>39.</b>    | 2400        | Date – Service             | Date of Service should be carried within the detail of the claim instead of at the header 2300 claim level loop. |
| <b>40.</b>    | 2000C       | Patient Hierarchical Level | Dependent Level information will not be used for processing Dental Claims with Alabama Medicaid.                 |